National Family Health Survey 1992-93 has estimated that Maternal Mortality Rate in India is 437 per one lakh live birth.-. The corresponding rate in the developed countries is 5-8 per one lakh live births as per the population Reference Bureau (1997).

(b) 1. The main factors responsible for higher MMR in India are (i) Anaemia (ii) Sepsis (iii) Abortion, especially illegal Abortions (iv) Toxaemia and (v) Haemorrhage.

2. A relatively low percentage of institutional delivereis and a high percentage of home deliveries not attended by any Traditional Birth Attendant is also a major cause for high maternal mortality.

3. Lack of Health Education and lack of information of services available constitute another such cause.

4. Inadequacy of Health Care Delivery Systems in certain regions of the country is also
a reason for high Maternal Mortality.

(c) In the Reproductive and Child Health Programme launched in October 1997, Government has provided for integration and upgradation of delivery of Rural Health Services to make them easily accessible to the people. Among the specific interventions in this programme are: .

1. Development of Referral Systems, especially the First Referral Units;
2. Improved emergency Obstetric care;
3. Improved essential new born care;
4. Easy availability of Medical Termination of Pregnancy facilities in public Hospitals;
5. Encouraging private sector and NGO sector to provide Maternal health Care through Government Health Systems;
6. Programme for conducting delivery services in Rural Hospitals on 24 hour basis.
7. Providing referral transportation service to the poor women in remote Rural Areas;
8. Intensifying training of Dais, Medical and Para-Medical Personnel; and
9. Intensifying the campaign of Information, Education and Communication.

Nurses Strike in the Capital

325. SHRI GAYA SINGH:
SHRI S.M. KRISHNA:
SHRIMATI KAMLA SINHA:
DR. MOHAN BABU:
SHRI AMAR SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether functioning of Capital's hospitals was completely paralysed due to strike by nurses, if so, the details thereof;

(b)the details of demands put forth by the nurses and the bottlenecks in agreeing to their demands and steps taken by Government for redressal;

(c)to what extent ESMA provisions have been effective to Government's hospital services and whether any amendment is proposed in view of complete failure of the Act;

(d) the number of strikes recorded in Government hosptials in capital during last one year from different categories of staff and the loss of human life suffered; and

(e) whether Government nurses of different States have joined their voice with Delhi nurses, and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No, Sir.

(b) The demands of DNU were as follows:

(i) Upgradation of Pay Scales;
(ii) Better promotional avenues;
(iii) Enhanced Nursing Allowance;
(iv) Accommodation facilities;
(v) Establishment of Directorate of Nursing
(vi) Filling up of vacant post.

(II) Upgradagrjn of pay scales and three time bound promotions were not agreed to as there had already been determined by the 5th Pay Commission for all categories of Central Govt, servants. Regarding steps taken for redressal of nurses grievances, Govt has *inter aha* approved upgradation of 1200 posts benefiting 33.24% of Nurses in the Central Govt. Hospitals, enhanced the Nursing Allowance @ Rs. 1600 per month from existing level of Rs. 300 per month. Further a 500 unit residential complex

for nurses has been approved for construction at Srinivaspuri at a cost of Rs. 18 crores.

(c) No action was taken under the Provisions of ESMA in the Govt. Hospitals.

(d) There were six strikes in Govt. Hospitals during the last one year by 'C and 'D' group employees. There was no loss of human life as a result of the strikes.

(e) As per information available, nurses from some neighbouring States expressed their support to the striking nurses in Delhi.

Non-Acceptance of Fixed Rates in CGHS/ CSMA Hospitals in Pune

326. PROF. RAM KAPSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to sstate:

(a) whether Government have received a complaint from the Bhartiya Mazdoor Sangh, Pune, that the rates for medical treatment fixed by Government for hospitals under CGHS/ CSMA are not accepted by the hospitals in Pune;

(b) if so, the action taken by Government; and

(c) what are the reasons for non-acceptance of these rates by CGHS hospitals in Fune?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALITEZHrLMALAI). (a) Yes, Sir.

(b) and (c) The private Hospitals recognised under CGHS and CS(MA) Rules, 1944, in Pune are not accepting the rates for different medical procedures/ tests approved by the Government, as they are of the view that these rates are lower than the rates prevailing in the market, which have increased due to inflation" and other parameters.

Non-availability of Qualified Doctors in Villages

327. SHRI KULDIP NAYYAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have conducted any survey to find out the number of villages in the country, where the services of qualified doctors are not-available, if so, the number of villages as on 30th April, 1998;

(b) whether Government have a proposal under consideration to allow registration of medical graduates only after they have served in villages for a minimum period of five years; if so, the details thereof; and

(c) by when, this will be implemented?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No Sir.

(b) and (c) At present there is no such proposal under consideration as the Medical Council of India has not agreed to an earlier suggestion for registration of medical graduates only after they have served in rural areas for minimum period.

Recognition of B.D.S. Degree of Shivaji University

328. SHRI PARAG CHALIHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recognition of B D.S. degree of Shivaji University, Kolhapur b-s not yet been approved by his Ministry; and

(b) if so, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) The Law Ministry to whom the requisite draft notification of recognition of B.D.S. degree of Shivaji University was sent for vetting, has advised that some of the students have since filed WP. No. 4657/97 in the Bombay High Court, and as such the matter is sub-judice and hence no opinion can be expressed by them at this stage. The date from which the degree is to be recognised is under examination. The copy of the order of the High Court is being obtained.

Steps to check Multi-faceted Illness in Safdarjung Hospital

329. SHRI PARAG CHALIHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the details of